

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax **(571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 04/04/2007

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mina Oliveri	(Depositor's name)
<i>Mina Oliveri</i>	(Signature)
7/3/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,922	12/02/2003	Deva N. Pattanayak	VISH-8728	8797

TITLE OF INVENTION: CLOSED CELL TRENCH METAL-OXIDE-SEMICONDUCTOR FIELD EFFECT TRANSISTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FENTY, JESSE A	2815	257-334000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vishay-Siliconix

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

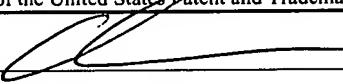
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4160 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date July 3, 2007

Typed or printed name Anthony C. Murabito

Registration No. 35,295

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: VISH-8728

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	7/3/07	Name of Person Making the Deposit:	Mina Oliveri	Signature of the Person Making the Deposit:
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Inventor(s): Pattanayak, et al.

Serial No.: 10/726,922 Group Art Unit: 2815

Filed: 12/02/2003 Examiner: Fenty, Jesse A.

Confirmation No: 8797

Title: CLOSED CELL TRENCH METAL-OXIDE-SEMICONDUCTOR FIELD EFFECT TRANSISTOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
ATTENTION: Mail Stop Issue Fee
Sir:

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85
2. Applicant is other than a small entity

Fee Calculation

(for other than a small entity)			
Application Status is:	Regular	Design	Total
Fee (CFR 1.18(a) and (b)):	<input checked="" type="checkbox"/> \$1,400.00	\$800.00	1,400.00
Additional Copies (10 @ \$3.00)			30.00
Publication Fee			300.00
Total Fees			1,730.00

PAYMENT OF FEES

1. The full fee due in connection with this communication is provided as follows:
 The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160.
A duplicate copy of this authorization is enclosed.
- A check in the amount of \$1,730.00
- Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-4160.

Please direct all correspondence concerning the above-identified application to the following address:

MURABITO, HAO & BARNES LLP
Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

Respectfully submitted,

Date: 7/3/2007

By: 
Anthony C. Murabito
Reg. No.: 35,295